



camp
WHITEWOOD

Conference and Retreat Planning Guide



7983 S. Wiswell Rd.

Windsor, OH 44099

440-272-5275

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Thank you for your interest in Camp Whitewood for your retreat. Our goal is to ensure that you and your group has exceptional and impactful visit. This guide is meant to give you a better idea about who we are and what we can offer. You will find valuable information about what to expect and how to make your visit successful. We accommodate a wide range of groups and programs, so whether you are looking for a day program, weekend retreat, a weeklong stay or anything in between, Camp Whitewood is the place for you! After looking over this guide, we encourage you to contact us to talk further about customizing your experience. Please call us at 440-272-5275 or email at campwhitewood1940@gmail.com. Thank you and let us know how we can help you out.

-Andy



Andy comes to Camp Whitewood and Ohio State with rich camp and park experience in Northeast Ohio. Most recently, he served as Recreation Specialist for Cleveland Metroparks where he managed outdoor recreation programs and classes including paddle boarding, sailing, rock climbing and multi-day recreation events.

Prior to that, Andy served as Program Specialist to the Ohio state University Extension – Cuyahoga County where he assisted Marie Barnie with the Beginning Farmer and Rancher Development Grant and created the Kinsman Farm. Andy also served as the Parks Supervisor and Naturalist for the City of Brunswick and the Expedition Coordinator at the University of Rhode Island W. Alton Jones Campus. He received his bachelor’s degree in Environmental Studies/Economics Management from Ohio Wesleyan University and is currently enrolled in the MBA program at Baldwin Wallace University.

As Program Manager/Executive Director, Andy looks to develop and strengthen relationships with schools and other user groups as well as provide leadership to the 4-H summer camping program at 4-H Camp Whitewood. Andy will continue to foster strong relationships and work to actively engage new dynamic programs and events at Camp.

We are excited to welcome Andy to Camp Whitewood and OSU!

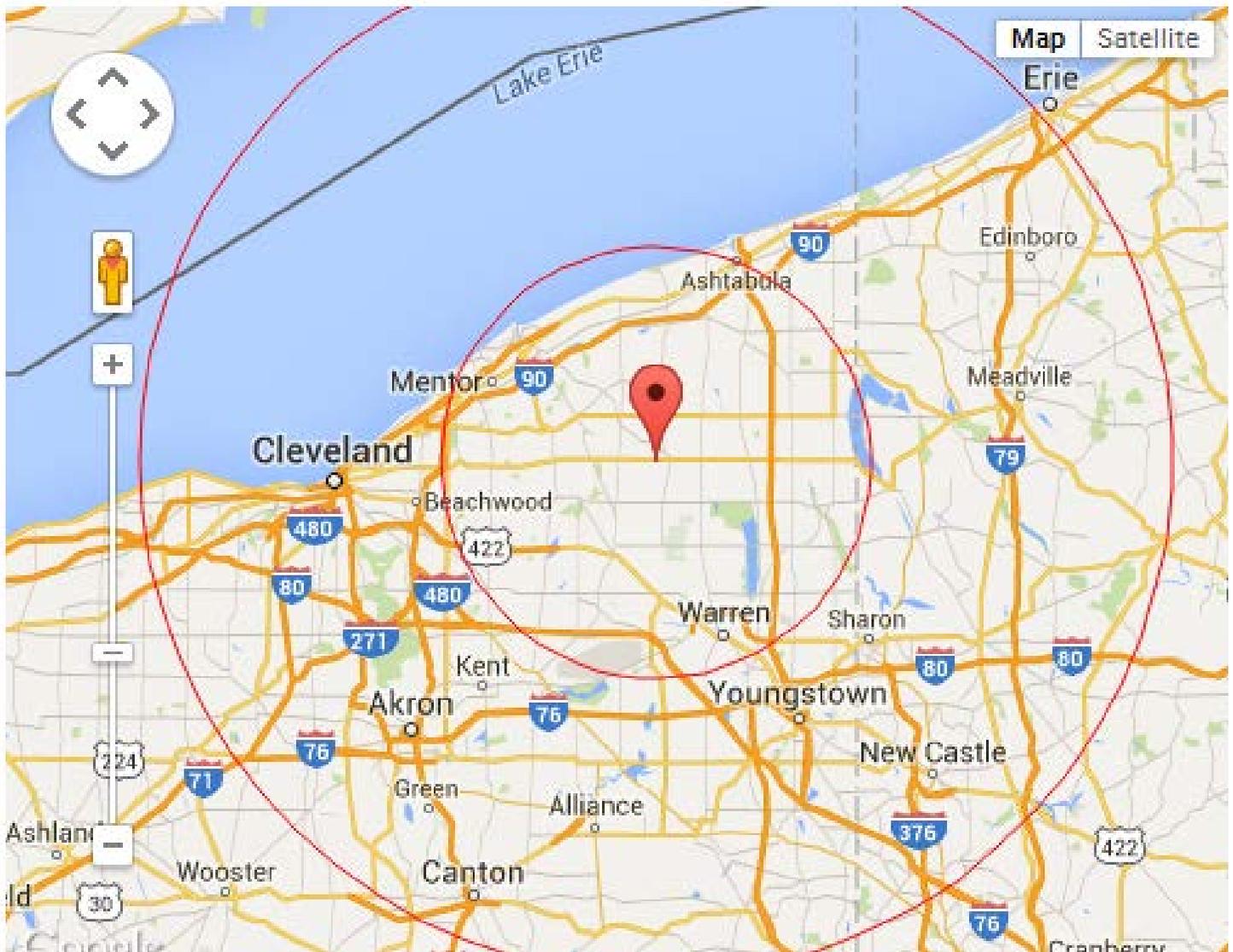


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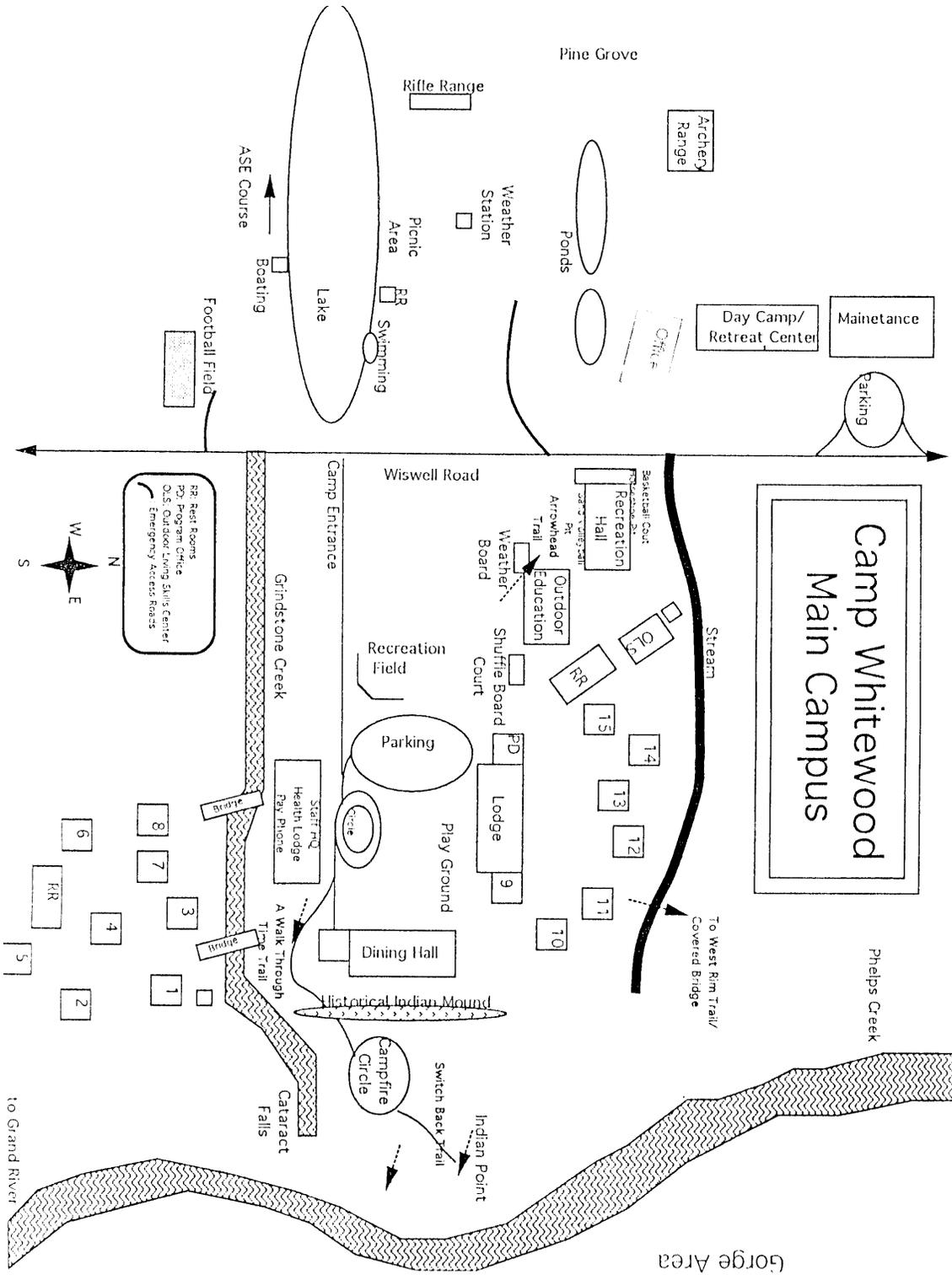
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Directions

Camp WhiteWood is located in southwest Ashtabula County off St. Rte. 322/Mayfield Rd. We are conveniently located within a 2 hours drive of several major metropolitan areas including Cleveland, Akron/Canton, Youngstown and Erie. Our address is 7983 S. Wiswell Rd Windsor, OH 44099. The map below shows Camp WhiteWood's location with a 25 mile radius and a 60 mile radius.



Camp Map



Facilities

Cabins – Our cabins are divided into a boys and girls village. The south village (cabins 1-8) has 8 cabins that each sleep 14 and one that sleeps 16. There is also an additional cabin on the south side that is typically used by chaperones and/or staff that sleep 4. The north village (cabins 9-15) has 6 cabins that each sleep 14 except one that sleeps 12. There is also a cabin on the boys side that is typically used by chaperones and/or staff which sleeps 8. The cabins are heated, have electric outlets, and have bunk beds and mattresses.

Bathrooms – Each village has its own bathroom and shower house. The showers have curtains or stalls for privacy.

Grindstone Cabin – The Grindstone cabin is available for smaller groups that want everything in one building. The staff cabin has a kitchen, living room, three bedrooms, two bathrooms and back porch. The Grindstone cabin can sleep 14 and is heated.

Recreation Pavilion – Also known as the Rec Pad, serves as a covered outdoor gathering space centrally located on Camp. It has a stage, electric, lighting and wooden benches. The Rec Pad can hold 180 people and also houses the Recreation Closet which holds a wide array of sports equipment such as basketball, kickball, volleyball, box hockey, football and more.

Grindstone Creek Lodge – A beautiful indoor facility that has a stage, auditorium seating, fireplace, and small kitchenette. The kitchenette has a refrigerator, stove, sink, dishwasher, a variety of dishes and cooking utensils, ceramic plates, glasses, and silverware. The Lodge can hold 150 people stadium seating and 100 reception setup. It is a great place to hold large groups, break-out sessions, receptions, and meetings. The lodge has heating and air conditioning.



Cabins



Cabin



Rec Pad



Grindstone Creek Lodge

Dining and Meals

Food Services – Groups can choose to handle their own meals or allow us to take care of the food for you. Meals at Camp Whitewood are handmade by our Amish kitchen staff. Meals are served family style. We know you will agree with us when we say that our food far exceeds the typical “camp food” in its quality. No one will leave hungry!

Dining Hall – Our Dining Hall seats 200 people at tables of 10 people each. With all wood framing and a stone fireplace, it is the quintessential camp Dining hall. It can also be used as a meeting space between meals if necessary.

Meal Times – Breakfast is at 8am, lunch is served at 12pm, and dinner is served at 5:30pm. Please send some people from your group in at least 10 minutes early to set up tables. Everything you need to set the table will be laid out for you.

Dietary Needs/Requests – Our kitchen staff are happy and experienced in accommodating special dietary needs. **Please notify us of any dietary needs at least two weeks in advance of your visit.** Examples include: allergies, vegetarians, vegans, dairy-free, gluten-free, etc. Our kitchen has the ability to go nut-free if necessary.



Table Set Up



Fireplace



Dining Hall

Programs and Activities

Camp Whitewood offers a variety of programs and activities for your group. There are two categories of programs: ones that require a Camp Whitewood staff to lead; and ones that the group can lead and supervise. Regardless of the activity, we require that you coordinate any activities you wish to participate in with us ahead of time. During activities which are led by our Camp Staff, group parents/leaders are still required to attend the activity and supervise children. Below you will find a list of activities available to your group. Activities marked with an * require a Camp Whitewood Staff member.



Archery Range



Cataract Falls



Boating



Phelps Creek

Sports

- Basketball
- Box Hockey
- Football
- Four-Square
- Frisbee
- GaGa
- Kickball
- Soccer
- Whiffleball
- Volleyball (sand court)

Shooting Sport

- Archery *
- .22 Rifles *
- Atl Atls *

Waterfront

- Canoeing *
- Fishing (bring your own equipment)
- Kayaking *
- Paddle Boards *
- Swimming *
- Water Trampoline *

Outdoor Education

- Air Rockets
- Campfires
- Nature Hike
- Survival Skills *
- Teambuilding Challenge Course *
- Tree ID *

Camp Policies and Terms of Group Rental

The following policies of Camp Whitewood are designed to protect the health and safety of all participants and visitors to Camp. They are derived from American Camp Association (ACA) standards. Any group or individual that does not adhere to these Camp rules and guidelines could face financial penalties and/or dismissal from Camp without a refund. All group members must agree to conduct themselves in accordance with Camp Whitewood written and oral policies.

- 1) **Respect the environment.** Leave any natural objects where you found them to allow them to be enjoyed and appreciated by future camp visitors. Do not feed the wildlife and keep a respectable distance. When hiking, please stay on trails and be aware of your impact.
- 2) **Dispose of trash/recycling properly.** Trash and recycling containers are located in each village, and also by the dining hall, in the lodge, and by the Rec Pad. All plastics and metals that have recycling logo on them can be recycled. We encourage you to do so! Full trash bags can be thrown in the large dumpsters located in parking lot.
- 3) **No food/drink in cabins.** Do not store food and drinks (other than water) in cabins. This helps keep cabins clean and critter/bug free. The kitchenette is the appropriate place to store food and drink.
- 4) **Parking only in parking lot.** Parking is limited and we highly suggest carpooling. Parking is limited to the parking lot. Do not park on driveway, in the grass field, or next to cabins.
- 5) **Conserve energy.** Close doors and windows when the heat/air is on. This also helps keep critters/bugs out of buildings. Turn lights out when building is not in use.
- 6) **Only build fires in designated spots.** An indoor fireplace is located in the lodge and the main fire circle may be used with advance permission from Camp Director. Group will be financially responsible for any fire built outside of designated areas.
- 7) **Quiet hours are from 10pm to 7am.** All groups will observe quiet hours out of respect for other campers, visitors, and neighbors.
- 8) **Groups are responsible for cleaning.** Any facility used by the group must be cleaned to the condition they were found in. Group leaders should coordinate with Camp staff for cleaning procedures. Any area found in worse condition will be subject to a cleaning fee.
- 9) **Groups assume financial responsibility for damages.** Any damages that occur as a result of actions by any member(s) of the group are the financial responsibility of the group and will be added to the bill.
- 10) **Graffiti.** Keep camp beautiful by refraining from graffiti. Any group found responsible for graffiti will be charged a minimum of \$50 for repairs.
- 11) **Camp Whitewood is not responsible for lost items.** This includes stolen or damaged items during groups' stay on camp. Any lost and found will be held for 30 days and then be donated to a local charity.
- 12) **Smoking and use of tobacco products is not permitted indoors.** Adults may use tobacco products in a designated place, away from children. Please properly dispose of waste.



- 13) **Illegal drugs, firearms, and other weapons are not permitted.**
- 14) **Pets are not permitted on camp.** Service animals are an exception as long as properly identified as such. Please notify Camp Director before arriving at Camp.
- 15) **Program areas are off limits.** All program areas on Camp are off-limits to group unless Camp Staff is present and/or prior permission has been received from Camp Director. These areas include: Archery Range, Rifle Range, Team Challenge Course, Boating Pavilion, Swimming Pavilion, Lake, Craft Hall, Campfire Circle, Hiking Trails.
- 16) **Groups are responsible for providing supervision for all participants under the age of 18 at all times.** We recommend the following ratios:

Participant Age	# of Adult Chaperones	# of Youth Participants
4-5 years	1	5
6-8 years	1	6
9-14 years	1	8
15-18 years	1	10

Adult supervision at these ratios is required during program activities led by Camp Whitewood staff.

- 17) **Camp requires that 80% of the group chaperones are 18 years or older.** All other chaperones must be at least 16 years of age and be two years older than those they supervise. The group must use appropriate screening procedures when selecting chaperones.
- 18) **Camp recommends that groups have two adults present overnight.** Each cabin should have at least two adult chaperones present overnight. This applies to use of bathhouses as well.
- 19) **Groups will collect the following information for all participants.** Name, age, address, emergency contact names and phone numbers, list of known allergies and medical conditions, and signed permission to seek emergency treatment from the parents or legal guardians.
- 20) **Groups must notify Camp Director of any accidents.** Any incident that requires medical attention or follow-up. Write down the specifics and then meet with the Camp Director to fill out a detailed report.
- 21) **Bed linens, sleeping bags, pillows, and towels are not provided by camp.**
- 22) **Any aspect of your group's event or use of camp property not specifically identified in the Rental Agreement, including programming, is the responsibility of the group.**
- 23) **No exclusive use of camp is implied.** Unless specified by the Rental Agreement, other groups may use Camp Whitewood during your stay.
- 24) **Camp reserves the right to change cabin and/or meeting space assignments.**
- 25) **Camp Whitewood reserves the right to evict unruly visitors or entire group with no refunds.** All local, state, and federal laws must be obeyed while at camp.

Medical and Emergency Procedures

All groups are responsible for providing all first aid supplies and medical care for participants. Camp Whitewood recommends that each group have at least one person certified in First Aid and CPR. Please bring a first-aid kit with basic over-the-counter medications. Participant medications are the responsibility of the group leaders; Camp Whitewood is not responsible for dispensing medications. All groups with minors not accompanied by parents/guardians must have a health history on file with the group leader. This includes their name, address, emergency contact information, parent/guardian authorization to treat a minor at the local hospital, known allergies and medical conditions, and general health history. Without this information, the child will not be treated at the hospital without written authorization. An authorized form is located on the next page.

In the case of an emergency:

Call 911 first.

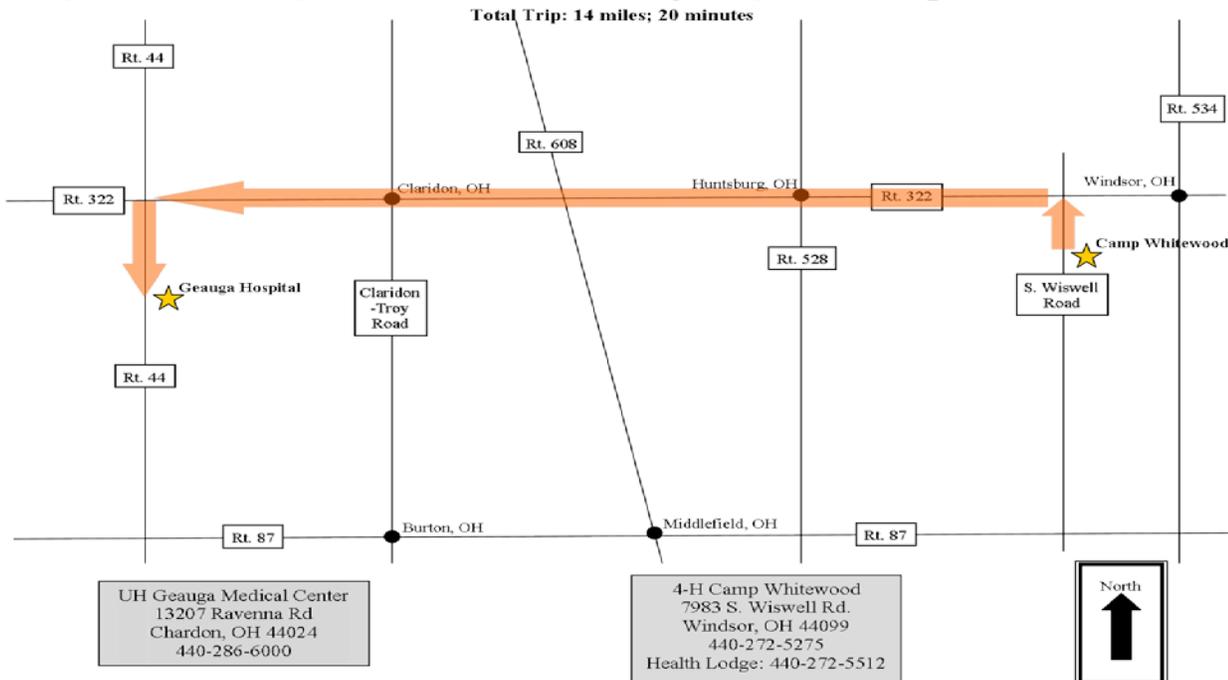
For non-emergencies call the camp office at 440-272-5275

Camp Whitewood address is:

7983 S. Wiswell Rd, Windsor, OH 44099

The closest hospital is University Hospital Geauga Medical Center

Map from 4-H Camp Whitewood to University Hospitals Geauga Medical Center





CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Mail this form to the address below by _____ (date)

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____
Relationship to Camper
 Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____
Relationship to Camper
 Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____
Relationship to Camper

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. *(Please describe below.)*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
 First Middle Last

Birth Date: _____
 Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis ★ (DTaP) or (TdaP)						
Tetanus booster ★ (dT) or (TdaP)						
Mumps, measles, rubella ★ (MMR)						
Polio ★ (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the camper should not be given.***

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guafenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
4. Had a significant life event that continues to affect the camper's life?..... Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____
Name of dentist(s): _____ Phone: (_____) _____
Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.

